DOCUMENT RESUME

ED 142 645 UD 017 160

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TITLE Bridge to School Program; School Year 1975-1976.
INSTITUTION New York City Board of Education, Brooklyn, N.Y. Office of Educational Evaluation.
PUB DATE 76
NOTE 26p.; New York City Board of Education Function No. 09-69604

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS Child Development; Early Childhood; Early Childhood Education; *Handicapped Children; Learning Difficulties; *Learning Disabilities; *Learning Readiness; Mathematics; *Program Descriptions; *Program Evaluation; Reading Skills
IDENTIFIERS *Elementary Secondary Education Act Title I; *New York (New York); School Readiness

ABSTRACT

The Bridge To School Program was designed to supplement and extend the scope of an ongoing early childhood developmental program, the "Readiness Program", by providing individualized attention and instruction to specially selected seriously learning disabled children between the ages of 5 and 7 in order to facilitate the development of their reading and mathematical skills. One hundred and fifty-nine children who had been evaluated by special clinical medical-educational teams and cited as having high potential to benefit from the individualized instruction were served by the program. The instruction, under the supervision of a teacher-coordinator, involved 8 specially selected teachers trained in learning disabilities and special education, utilizing a combination of teacher-created and commercial learning materials at 16 designated sites which included hospital work areas and clinics as well as special classrooms within schools. The Psychoeducational Evaluation of the Pre-School Child was used as a program evaluation instrument, administered to each child when first admitted to the program and again at the end of program participation. The data indicated that participation in this highly individualized program appeared to significantly foster the development of academic capacities. (Author/AM)

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EVALUATION REPORT

ED142645

Function No. 09-69604

BRIDGE TO SCHOOL PROGRAM

School Year 1975-1976

Milton Budoff, Ph.D.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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UD 017160

An evaluation of a New York City School District educational project funded under Title I of the Elementary and Secondary Education Act of 1965 (PL 89-10) performed for the Board of Education of the City of New York for the 1975-1976 school year.

DR. ANTHONY J. POLEMENI, DIRECTOR

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BRIDGE TO SCHOOL PROGRAM

Chapter I: THE PROGRAM

The Bridge To School Program was designed as a new component to supplement and extend the scope of an ongoing early childhood developmental program, the "Readiness Program" which has been in existence for 7 years. The Bridge To School Program provided individualized and small group attention and instruction to a specially selected group of severely learning disabled children between the ages of 5 and 7 in order to help them develop more satisfactory ego controls, work habits, and pre-academic and early academic skills in reading and mathematics such that they can progress more satisfactorily during their subsequent formal education. In total, 159 children who had been evaluated by special clinical medical-educational teams and cited as having high potential to benefit from the individualized and small group instruction were served by this Program this year. The instruction, under the direct supervision of a teacher-coordinator, specified 8 specially selected teachers trained in learning disabilities and special education at 16 designated sites. There were 7 teachers assigned to the project and one teacher-coordinator.

Children already in the "Readiness Program," more accurately titled, "The Readiness Program for Disadvantaged Young Children with Severe Learning Disabilities," participated because they

had been identified as performing below age-level competency in one or more of several specific developmental areas. Admission into the Bridge To School Program was recommended following a comprehensive evaluation by a hospital or clinic-based multi-discipline team, teacher observation, and administration of The Psychoeducational Evaluation of the Pre-School Child (Jedrysek, Klapper, Pope & Wortis), together with other tests. Through a series of conferences with school personnel, parents and the multi-discipline evaluation teams, which incorporated such specialists as psychiatrists, neurosurgeons, psychologists, speech and hearing therapists, social workers and learning-disabled education specialists, an educational plan was developed for the participating children which served as a basis for an individualized program of instruction. This personalized educational plan was designed to supplement the special group classroom instruction of the "Readiness Program" already underway using carefully selected learning materials in order to foster individual development. Basic components of the aforementioned "Readiness Program" which were incorporated into the Bridge To School Program for these Title I, 5-to-7 year-olds included:

1) the identification and diagnosis of learning disabled children with major general and specific learning disabilities,
2) the provision of a special classroom environment for the appropriately diagnosed and classified children,

3) the participation and assistance of parents to help them understand the problems of their children and to indicate to them appropriate reinforcement at home of school-based learning procedures,

4) a supportive policy to ease the transfer and admittance of the children into non-Program public and private educational facilities as their progress warrants,

5) facilitation for a follow-up procedure on this transition by providing via detailed individual student files and records of successful methodology a historical record of developmental progress.

In the Bridge To School Program component, the 159 children were taught both individually and in groups of two or three stressing the individual goals set for each child in a context of ongoing and continuing consultation with the multi-disciplinal teams that had done the initial evaluation and helped structure the educational plan. The children were taught by the 7 Title I teachers assigned to this Program, each of whom was chosen for training and skills in the areas of early childhood and special education. The teachers served at more than one site, usually two, of the 16 program locations. These program sites varied from specially designated classrooms within elementary schools to allotted spaces within hospitals and clinics, or in rented quarters in close proximity to cooperating agency or hospital. (See appended list of cooperating facilities). Several teachers, however, covered more than two sites, spending

only one day in the third school, which appears to be too little contact with the target children. Each "Bridge" child was seen once each day the project teacher was assigned to the program site, for an individual lesson, and at more irregular intervals for small group lessons.

The Bridge to School Program ran the school year, from September, 1975 to June, 1976, utilizing both teacher-made and commercial materials in the supplementary instruction the Bridge Program children received. Among the materials noted were the Peabody Language Development Kit, tape recorders and phonographs for audio-visual group activities; numbers and word cards, stories, pictures, Frostig materials and Stern readiness workbooks for individual reading development and Nuffield math materials, number stories, size and shape materials, counting problems and multi-sensory materials for mathematical skills improvement. The most interesting materials observed by the evaluator were the teacher-made materials and lessons developed especially in response to either a lack of understanding by particular children, or to reinforce that which was previously learned, e.g., letter names and sounds, ideas of numerosity.

Chapter II. EVALUATIVE PROCEDURES

The Psychoeducational Evaluation of the Pre-School Child (Jedrysek, Klapper, Pope & Wortis), served as the evaluation instrument, administered when the child was admitted to the program (September/October, 1975) and again at the end of the

school year (May, 1976). This test describes the children's capabilities in five areas deemed essential for successful subsequent school performance (Physical Functioning and Sensory Status, Perceptual Functioning, Competence in Learning for Short Term Retention, Language Competence, and Cognitive Functioning) and provides a total score to gauge overall progress. The evaluation design requires pre-post treatment administration to indicate whether improvement in the specified areas of perceptual-motor, language, social-emotional and cognitive areas occurred. The evaluation design also requires statements regarding the extent to which the program was carried out in accordance with the program described in the initial project proposal. Site visits were made during the course of the program's implementation to satisfy this objective.

All the children who were designated as "Bridge" children served as subjects for this evaluation. This sample constitutes a fraction of the total Readiness population and it is recommended below that the balance of the suitable Readiness sites could provide children for a control group if the Bridge program was not extended to all Readiness sites.

While the required number of children were served by the Bridge Program, 30 additional children were served for varying periods of time but were not available for the posttest. Of these 30 children, 22 were discharged to other age-appropriate programs in the New York City schools, 3 were untestable on either the

pre- or posttest, 1 was deemed an inappropriate selection for the program and dropped out after joint consultation among Bridge, Readiness and clinic staff.

The data were analyzed by application of a nonparametric statistic, the Sign Test. The suggested statistic, the Wilcoxon Matched Pairs Signed Ranks Test was seen as inappropriate because of the small range of items per subscale, and because some appreciable sample of children attained scores at or near the ceiling for the subscale on the posttest indicating too large a proportion of ties in the rankings which would markedly reduce the power of the statistic. Further, there was also an appreciable fraction of the sample who showed no change, from pre- to posttest, largely because one or more sections of the test were too easy for them. In the most dramatic instance, 110 of the 159 children attained the highest score possible on the pre- and posttest on Section 1, Physical Functioning and Sensory Status. This issue will be discussed further in the section on Findings. The Sign Test, by contrast, meets the intent of the evaluation design by indicating the proportion of children who demonstrated improvement, and allows one to test whether this proportion is significantly different from chance.

Chapter III. FINDINGS

The pre-posttreatment scores were tabulated and the null hypothesis tested for each of the subscale components of the

criterion test and for the total score utilizing the Sign Test in two different formats. The usual sign test computation assumes an equal probability of increases (+) and decreases (-) in score pairs for the same child, ignoring the cases in which there is a zero difference. These latter cases are usually discarded. Since there were a goodly fraction of cases in which the children showed no change, which varied by subscale, the computation for the sign test was adapted such that the probability of an increased, decreased, or no difference score was set at .33. The test of the null hypothesis in this instance was whether the distributions of scores varied significantly from this proportion. In this latter instance, all cases were maintained within the sample for analysis.

Using both computational approaches, the children evidenced markedly statistically significant gains on all the subscales and on their total test scores, and participation in the Bridge To School Program does appear to have resulted in increased capability in the areas tested, which are hypothesized to be related to more satisfactory performance in subsequent formal schooling (see Table 1 for Summary of Findings). These findings indicate that the major program objectives were achieved by the Bridge To School Program.

Participation in the program appears to have improved the children's capability in simple physical and sensory tasks,

TABLE 1

Summary of Analyses of the Pre- and Posttreatment Scores Obtained From the Subscales and Total Score on the Psychoeducational Evaluation of the Pre-School Child from Bridge to School Program Participants Utilizing the Sign Test, With And Without the Zero Improvement Scores Included

Ability Areas	Z scores when p = .5 (all pre-post ties discarded)	p = .33 (includes pre-post ties)	p-values
1. Physical functioning and sensory status	6.18	7.99	<.0001
2. Perceptual Functioning	10.69	12.89	<.0001
3. Competence in Learning for Short Term Retention	10.77	34.43	<.0001
4. Language Competence	11.40	14.03	<.0001
5. Cognitive Functioning	10.69	12.67	<.0001
6. Total	12.25	17.43	<.0001

perceptual functioning, i.e., the ability to make use of sensory information based on perceptual clues, competence in learning for short term retention, in their ability to use language as meaningful information for an organized response, and in various cognitive functions, i.e., the recognition of distance, simple conservation-like tasks, and the capacity to filter out the nonessential "noise" in responding to the test items.

The number of children attaining the same scores on the pre- and posttreatment scores was also analyzed. As indicated earlier, for the first section (Physical Functioning and Sensory Status), 115 of the 159 students attained the same pre- posttest score, 110 of them had the highest possible score on both administrations. For the other subscales, which examined more difficult abilities, the proportion of similar scores on the two test administrations was smaller and these findings are summarized in Table 2. The limitations of this preschool evaluation instrument is most clearly with the easiest task (Physical Status) but a fraction of these children do start the year's program at the ceiling for one or more of the dependent measures.

TABLE 2

Percentage of "No-Change" Scores by Subscale

Section	Number of Items	% of pre-post subscale scores showing no difference	% of pre- posttest no-difference scores which were at ceiling for the scale
1	6	72	69
2	11	22	17
3	7	23	11
4	11	17	10
5	6	22	9

In concurrence with the second evaluation objective, a continuing series of site visits was made throughout the school year. As a result of these visits, in which I observed the student-teacher interactions, interviewed project staff, and perused the children's folders, I did ascertain that the program was being implemented as proposed. In most instances, there is good communication between the Readiness and the Bridge teachers such that what is learned tutorially is supported and reinforced in the classroom activities. While I could not attest to it in a systematic fashion, it did appear that in some instances where the Bridge teacher is assigned less frequently, there may be somewhat slower progress evidenced by the children. There is probably a need to be concerned with the frequency of contacts in order to insure sufficient reinforcement and repetition to assure that the impact of the tutorial and group work is sufficient to impact on the child so he/she functions more adequately.

In general, I found morale of the teachers high, adequate supplies of materials available for them to use with their students, more or less well organized programs of activity for each of the children, and generally, reasonably good relationships having been developed between the Bridge teacher and her children. In all program sites, the space available for working with the children was adequate. However, in some schools, it was very far away from the child's room requiring considerable staff time to be expended walking the children back and forth. In

some instances, no separate space was available in the building and the work was conducted in the Readiness classroom. For many children this was good, but for some, the noise and distractions probably impeded the child's attention to the lessons.

Perusal of the children's folders shows that most of the children have moved in their grasp of the materials initially presented to them upon entry in the fall to materials and tasks which are at higher levels in complexity and/or demand of the child. Thus, children who did not explain contents of pictures earlier in the year are now able to arrange and explain the contents of pictures and/or count more effectively and/or read more sight words, etc. The records indicate that the teachers have developed systematic work plans, and they tend to indicate progress from the time the child entered the program.

Chapter IV. SUMMARY OF MAJOR FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

In sum, the program certainly attained its stated objectives, as measured by the dependent measures, and it works well operationally.

1. Problem: It is likely that more children now enrolled in the Readiness program could benefit from the individual and small group teaching effort of the Bridge program; some could

probably benefit if age-appropriate individualized training could be instituted prior to the kindergarten age. This would be in line with the thrust of current Federal law (94-142).

Recommendations:

a. More resources be developed for the Bridge program, whereby more children could be served in more sites of the Readiness program, and

b. Greater flexibility be accorded the program staff by permitting and even encouraging earlier involvement of some children in the individual and small group instruction during the pre-kindergarten years in the program.

2. Problem: A major deficiency in the program was that several Bridge teachers were spread too thinly, over too many centers, seeing some children only once a week. For children who are often in very great educational need, an overly infrequent contact dilutes the impact of the individual contact of the Bridge teacher.

Recommendation: Sites need minimum of two visits per child per week and for many children from three to five times per week to maintain continuity and positive quality of the teacher-student relationship, and to reinforce what is taught in each lesson.

3. Problem: The evaluation instrument, The Psychoeducational Evaluation of the Pre-School Child is inadequate to the task of stating more than that the children did, in fact, progress from the October to May testing, which may be largely

due to maturation as well as the program effects. It does not indicate in more detail where the improvements occurred, and whether these improvements denote greater readiness for more successful achievement in subsequent academic programs. Psychometrically, it as a poor test, with no satisfactory norms or validity data.

Recommendations:

a. A more suitable instrument be adopted which would more validly indicate whether the child is "readier" for more formal academic programming.

b. An instrument be developed by the next evaluator that would attempt to describe and gauge the increments made by the children in work-related skills and capacities that are described as major objectives of the program, e.g., increased span of attention to tasks and increased length of work sessions, improved ability to respond to specific instructions, etc. This type of instrument would more satisfactorily describe and possibly, over successive years, serve to chart the progress of children with the severe learning disabilities who are enrolled in this program, providing useful data to the teaching staff as well.

c. Since all the children in the "Readiness" program are not enrolled in the Bridge program, resources be allocated to develop a control sample of non-Bridge children in order to more satisfactorily gauge the effects of the individual and small group instruction provided by Bridge teachers.

4. Problem: Material organization, availability and dissemination.

Recommendation: There is much innovative lesson development among the Bridge teachers, and interesting materials for many of the children are being developed from ad hoc materials. As a group, these are more interesting than most of the commercially available materials! A concerted effort should be made to collect and catalogue samples of these materials and the lessons that are used with them. A prime goal of the staff meetings should be to develop a system whereby these materials can be made available to the staff for review and for use. Teachers spend too much time re-inventing the wheel, and some versions of the wheel are not as good as others.

5. Problem: Adequacy of space available.

Recommendation: It would be most desirable for the Bridge teacher to have a closeby separate space available that can be used with the children who are too easily distracted, while he/she uses space within the classroom for children who can learn to work with concentration within the context of the ordinary classroom's distractions.

Appendix

List of Cooperating Facilities

Mt. Sinai Hospital
Metropolitan Hospital
Harlem Hospital
Babies Hospital

Comprehensive Child Care Center
Fordham Hospital
Martin Luther King Center
Albert Einstein - CERC
Lincoln Hospital

Cumberland Hospital
Brookdate Hospital
Kingsbrook Hospital
Downstate Hospital
Jewish Board of Guardians

Queens General
Staten Island Developmental Center

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Urban and Community Programs Evaluation
Albany, New York 12234

MAILED INFORMATION REPORT FOR CATEGORICALLY AIDED EDUCATION PROJECTS

SECTION II

1975-76 School Year

Due Date: July 1, 1976

SED Project Number: | 3 | 0 | 7 | 5 | 0 | 0 | | 7 | 6 | | 0 | 0 | 2 | | | |

BE Function Number (N.Y.C. only): | 0 | 9 | 6 | 9 | 6 | 0 | 4 |

Project Title Bridge-To-School Program

School District Name DSEPPS

School District Address 110 Livingston Street

Brooklyn, New York 11201

Name and Title of Person Completing this form:

Name Milton Budoff, Ph.D.

Title Evaluator

Telephone Number 617 (Area Code) 868-0360

Date this form was completed June / 10 / 1976.

Measures of growth other than Standardized Tests

14. This item is designed to describe the attainment of objectives not normally associated with measurement by criterion referenced or norm referenced standardized achievement tests. Such objectives are usually associated with behavior that is indirectly observed, especially in the affective domain. For example, a reduction in truancy, a positive change in attitude toward learning, a reduction in disruptive behavior, an improved attitude toward self, etc., are frequently held to be prerequisite to increased academic achievement by disadvantaged learners. If the data obtained from measurement devices you used to assess program effectiveness are not conducive to reporting in tables 9-13, supply information for all of the items below.

Component Code	Activity Code	Objective Code
6 0 8 2 2 5 2 / 6 0 9 2 2 5 7	7 1 5 / 7 1 5	8 0 2 / 8 0 2

Brief Description The evaluation instrument used was The Psychoeducational Evaluation of the Pre-School Child (Jedrysek, Klapper, Pope, & Wortis) published by Grune & Stratton, administered when child was admitted to program and again at the end of participation.

Number of cases observed: 1 5 9 Number of cases in component: 1 5 9

Pretreatment index of behavior (Specify instrument used): Test describes attainments in five developmental areas: Physical Functioning and Sensory Status, Perceptual Functioning, Competence in Learning for Short Term Retention, Language Competence, Cognitive Functioning, and also provides a total score.

Criterion of success: The formal criterion was a statistically significant increase in scores on each of the subscales of the test, and in total score.

Was objective fully met? Yes [X] No [ ] If yes, by what criteria do you know? (1) Increase in score was statistically significant in all areas, and in total score on utilizing the Sign Test. (2) Observation and educational evaluations by teachers also invariably provided evidence of the child's increased capacity to deal with the school setting--both its formal and informal learning and activity requirements.

Comments:

15. Program Abstract: Please provide an abstract of your project, including aspects of the project which account for highly positive results. Provide a summary of the findings in relation to the objectives, as well as a description of the pedagogical methodology employed.

(see appended)

Function No. 09-59604

BRIDGE TO SCHOOL PROGRAM

Program Abstract

The Bridge To School Program was designed to supplement and extend the scope of an ongoing early childhood developmental program, the "Readiness Program," by providing individualized attention and instruction to specially selected seriously learning disabled children between the ages of 5 and 7 in order to facilitate the development of their reading and mathematical skills. One hundred and fifty-nine children who had been evaluated by special clinical medical-educational teams and cited as having high potential to benefit from the individualized instruction were served by this Program. The instruction, under the supervision of a teacher-coordinator, involved 8 specially selected teachers trained in learning disabilities and special education, utilizing a combination of teacher-created and commercial learning materials at 16 designated sites which included hospital work areas and clinics as well as special classrooms within schools.

Using The Psychoeducational Evaluation of the Pre-School Child as a program evaluation instrument, administered when the child was admitted to the program and again at the end of participation, the evaluation procedure attempted to determine whether improvement of the children in various developmental skills would show a statistically significant difference between pre- and posttreatment testings. From the data collected, participation in this highly individualized Bridge To School Program did appear to significantly foster the development of academic capacities.

Most children in the Bridge Program inproved on a statistically significant basis in the various developmental areas, thus accomplishing the major

program objective. Operationally, as observed during the on-site visits, the teachers provided small group and individualized instruction to the participants. Individually prescribed educational plans for each child were developed in consultation with the medical-education teams. Children were seen in their regular classrooms or in space within the building for instruction, by the project teachers. Teacher-made and commercial materials and lessons in reading and math were developed in accordance with the individual goals and logs of the children's progress maintained.

(Attach to NARRATIVE) Function # 09-69604

In this table enter all Data Loss information. Between the MIR and this form, all participants in each activity must be accounted for. The component and activity codes used in completion of the MIR should be used here so that the two tables match. See definitions below table for further instructions.

Component Code	Activity Code	(1) Group I.D.	(2) Test Used	(3) Total N	(4) Number Tested/ Analyzed	(5) Participants Not Tested/ Analyzed		(6) Reasons Why Students Were Not Tested, Or If Tested, Were Not Analyzed	
						N	%		Number
60822527	715	Pre-school	2	189	189/159	30	15.87	Discharged to other age-appropriate programs	22
								Untestable on either pre- or posttest	7
								Inappropriately selected for program	1

(1) Identify the participants by specific grade level (e.g., grade 3, grade 9). Where several grades are combined, enter the last two digits of the component code.
(2) Identify the test used and year of publication (MAT-70, SDAT-74, Houghton Mifflin (IPMS) Level 1 etc.) Psychoeducational Evaluation of Pre-school children.
(3) Number of participants in the activity.
(4) Number of participants included in the pre and posttest calculations.
(5) Number and percent of participants not tested and/or not analyzed.
(6) Specify all reasons why students were not tested and/or analyzed. If any further documentation is available, please attach to this form. If further space is needed to specify and explain data loss, attach additional pages to this form.
(7) For each reason specified, provide a separate number count.

Table 11 Norm referenced achievement data not applicable to Table 9.

In the table below, enter the requested assessment information about the tests used to evaluate the effectiveness of major project component/activities in achieving cognitive objectives. Before completing this form, read all footnotes. Attach additional sheets if necessary.

Component Code	Activity Code	Test Used 1/	Form		Level		Total N 2/	Group ID 3/	N 4/	Score Type 5/	Pretest			Posttest			Statistical Data	
			Pre	Post	Pre	Post					Date	Mean	6/ S.D.	Date	Mean	6/ S.D.	7/ Test	8/ Value
60822522	715	I					189	pre-sch	159	6	10-11/75	5.29	1.22	5/76	5.72	.87	Sign	<.0001
							189	"	159	6	"	7.38	2.41	"	9.97	1.23	Sign	<.0001
							189	"	159	6	"	3.21	1.85	"	5.30	1.59	Sign	<.0001
							189	"	159	6	"	5.36	2.64	"	8.52	2.34	Sign	<.0001
							189	"	159	6	"	1.44	1.75	"	3.61	2.03	Sign	<.0001
							189	"	159	6	"	22.56	7.93	"	33.11	6.30	Sign	<.0001

1/ Identify test used and year of publication (MAT-58; CAT-70, etc.)
2/ Total number of participants in the activity.
3/ Identify the participants by specific grade level (e.g., grade 3, grade 5). Where several grades are combined, enter the 4th and 5th digits of the component code.
4/ Total number of participants for whom both pre and post test data are provided.
5/ 1 = grade equivalent; 2 = percentile rank; 3 = z score; 4 = publisher's standard score; 5 = stanine; 6 = raw score; 7 = other.
6/ Standard Deviation - only required of the following districts: Albany, Buffalo, Hempstead, Mount Vernon, New York City, Niagara Falls, Rochester, Syracuse, Utica, Yonkers.
7/ Test statistics (e.g., t; F; X^2).
8/ Obtained value of test statistic (e.g. F=13.25

Psychoeducational Evaluation of Preschool Child; only one form and level of test is available.
Five sections: I. Physical functioning and sensory status; II. Perceptual functioning; III Competence in Learning for Short-Term Retention; IV. Language Competence; V. Cognitive Functioning; VI. Total Score.